

1.) CORPORATION NAME:

DUE DATE: **2/29/2012**

HELICOPTER ASSOCIATION INTERNATIONAL, INC.

SCC ID NO: **F0504987**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1635 PRINCE ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: MATTHEW S ZUCCARO
TITLE: PRESIDENT
ADDRESS: HELICOPTER ASSOC INT'L INC
1635 PRINCE ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

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OFFICER

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DIRECTOR

NAME: EDWARD F DICAMPLI
TITLE: EVP & CORP SEC
ADDRESS: 1635 PRINCE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

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OFFICER

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DIRECTOR

NAME: MARK GIBSON
TITLE: DIRECTOR
ADDRESS: TIMBERLAND LOGGING
2275 DEAD INDIAN MEMORIAL ROAD
CITY/ST/ZIP/CO: ASHLAND, OR 97520-

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OFFICER

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DIRECTOR

NAME: DAVID CHEVALIER
TITLE: DIRECTOR
ADDRESS: BLUE HAWAIIAN HELICOPTERS
1 KAHULUI AIRPORT RD HABGAR 105
CITY/ST/ZIP/CO: KAHULUI MAUI, HI 96732-

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OFFICER

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DIRECTOR

NAME: ROXANNE RENEE FOX
TITLE: ASST SECRETARY
ADDRESS: 1635 PRINCE ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER E ERICKSON DIRECTOR 3100 WILLOW SPRINGS RD PO BOX 3247 CENTRAL POINT, OR 97502-0010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY W BURSON DIRECTOR 200 SIGNATURE WAY EAST GRANBY, CT 06026-2510	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAX LYONS DIRECTOR 3565 NE CORNELL RD HILLSBORO, OR 97124-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TORBJORN CORELL DIRECTOR 7000 MERILL AVE BOX 50 BUILDING A-290 CHINO, CA 91710-9097	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL SCHAAF DIRECTOR 4604 WEST OX RD FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN SONNIER DIRECTOR 121 SW SALMON ST 3WTC0401 PORTLAND, OR 97204-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES O WISECUP DIRECTOR 301 S 1200 E UNIT 45 SAINT GEORGE, UT 84790-2001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROXANNE RENEE FOX SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROXANNE RENEE FOX, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/1/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			